Fill in this informa	ation to identify your case:	
Debtor 1	Nathaniel Adam Smallcombe	
Debtor 2 (Spouse, if filing)		
United States Ba	nkruptcy Court for the: WESTERN DISTRICT OF MICHIGAN	
Case number	19-02480	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY
Schedule	e I: Your Income	12/1

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Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

 Fill in your employment information. 			Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Supervisor	Admin Asst.
	Include part-time, seasonal, or self-employed work.	Employer's name	Pennings & Sons	Pennings & Songs
	Occupation may include student or homemaker, if it applies.	Employer's address	5829 W. KL Ave. Kalamazoo, MI 49009	5829 W. KL Ave. Kalamazoo, MI 49009
		How long employed t	<u> </u>	8 mo

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

non-filing spouse 6.321.90 2,816.67 3. 0.00 0.00 6,321.90 2,816.67

For Debtor 2 or

For Debtor 1

Debt	or 1 <u></u>	Nathaniel Adam Smallcombe	_	Case number (if known)	19-02480	
	Сору	line 4 here	4.	For Debtor 1 \$ 6,321.90	For Debtor	
5.	l iet a	all payroll deductions:				, <u>-</u>
J.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$	\$ \$ \$ \$ \$	346.10 0.00 84.50 0.00 0.00 0.00 0.00 0.00
6.	Add t	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ (1,570.19)		430.60
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	4,751.71	\$2	,386.07
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	Net income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$0.00	\$	0.00
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4,751.71 + \$	2,386.07	= \$
11.	Includ other	all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a fig.:	depend	·	ted in Schedule	e J. +\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The res that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> es				\$
13.	Do yo	ou expect an increase or decrease within the year after you file this form' No. Yes. Explain:	?			monthly income

Fill	in this informa	tion to identify yo	our case:			1		
	tor 1	Nathaniel Ac		llcombe		Che	eck if this is:	
Deb	otor 2						An amended filing A supplement show	ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the	: WESTE	ERN DISTRICT OF MICHIC	GAN		MM / DD / YYYY	
1	e number 19 nown)	-02480						
O	fficial Fo	rm 106J						
		J: Your						12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par 1.	t 1: Descr	ibe Your House	hold					
1.	No. Go to							
			in a separ	ate household?				
		=	st file Offici	al Form 106J-2, <i>Expens</i> es	for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				Co.		40	□ No
	dependents	names.			Son			■ Yes □ No
					Son		15	Yes
					Daughter		20	□ No ■ Yes
					<u> </u>			■ Yes
3.	Do your eyr	enses include	_					☐ Yes
0.	expenses of	f people other to d your depende	han $_{\square}$	No Yes				
Par		ate Your Ongoi			ou are using this f	orm 00 0 0	upplement in a Cha	untor 12 ages to report
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance it				
	ficial Form 10		a nave m	nadoa it on concadre i. i	our moome		Your exp	enses
4.		r home owners		ses for your residence. In lot.	nclude first mortgage	e 4.	\$	1,182.00
	If not includ	ed in line 4:						
		estate taxes				4a.	·	0.00
	•	rty, homeowner's maintenance, re	-	's insurance ıpkeep expenses		4b. 4c.	·	0.00 150.00
	4d. Home	owner's associat	tion or con	dominium dues		4d.	\$	0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

ebtor 1 Na	thaniel Adam Smallcombe	Case num	ber (if known)	19-02480
Utilities:				
	ctricity, heat, natural gas	6a.	\$	450.00
	ter, sewer, garbage collection	6b.		25.00
6c. Tel	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	461.00
	ner. Specify:	6d.	\$	0.00
	d housekeeping supplies	7.	\$	1,200.00
	e and children's education costs	8.	\$	300.00
	, laundry, and dry cleaning	9.	\$	175.00
	care products and services	10.	\$	100.00
	and dental expenses	11.	·	125.00
	tation. Include gas, maintenance, bus or train fare.		Ψ	123.00
	clude car payments.	12.	\$	500.00
	ment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	le contributions and religious donations	14.	\$	0.00
Insuranc	•		·	
	clude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life	e insurance	15a.	\$	60.00
15b. He	alth insurance	15b.	\$	0.00
15c. Vel	hicle insurance	15c.	\$	378.00
15d. Oth	ner insurance. Specify:	15d.	\$	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	, , ,	16.	\$	0.00
Installme	ent or lease payments:			
	r payments for Vehicle 1	17a.	\$	0.00
17b. Ca	r payments for Vehicle 2	17b.	\$	0.00
17c. Oth	ner. Specify:	17c.	\$	0.00
17d. Oth	ner. Specify:	17d.	\$	0.00
. Your pay	ments of alimony, maintenance, and support that you did not report a		-	
deducted	I from your pay on line 5, Schedule I, Your Income (Official Form 106I)		\$	0.00
	yments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	al property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>			
20a. Mo	rtgages on other property	20a.	\$	0.00
20b. Re	al estate taxes	20b.	\$	0.00
20c. Pro	pperty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	intenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Ho	meowner's association or condominium dues	20e.	\$	0.00
Other: Sp	pecify: Pet expenses	21.	+\$	150.00
NFS's d	ebt payments		+\$	650.00
	tudent loan pmts starting Jan 2019		+\$	275.00
	I Protective equipment		+\$	50.00
-				
	e your monthly expenses			
	lines 4 through 21.		\$	6,331.00
22b. Copy	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	6,331.00
Colouist	a vous monthly not income			
	e your monthly net income.	00.	¢.	7 407 70
	py line 12 (your combined monthly income) from Schedule I.	23a.	·	7,137.78
∠3D. C0	py your monthly expenses from line 22c above.	23b.	-Ф	6,331.00
220 5.1	otract your monthly expenses from your monthly income			
	otract your monthly expenses from your monthly income. Experience result is your <i>monthly net income</i> .	23c.	\$	806.78
1110	o result is your monthly net income.			
Do you e	xpect an increase or decrease in your expenses within the year after y	ou file this	form?	
For examp	le, do you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because of a
modificatio	n to the terms of your mortgage?			
■ No.				